



GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive, Macon, Georgia 31217-3858

(404) 424-9966 (Telephone) * <http://sos.ga.gov/index.php/licensing/plb/33>

APPLICATION TO REACTIVATE LICENSE

**Note: If your license has been in inactive status for more than 2 years
DO NOT USE THIS FORM. YOU MUST SUBMIT A REINSTATEMENT APPLICATION**

\$200.00 Non-Refundable & Non-Transferable Fee

INSTRUCTIONS

- Please type or print legibly. Your Application to reactivate must be **complete** with all required information, documentation, background check and fee, before it will be reviewed by the Board.
- **Individuals reactivating a license that's been in "inactive status" for more than two (2) years must meet the requirements set forth in Board rule 345-4-.05 and file a Reinstatement Application - DO NOT SUBMIT THIS FORM.**
- Non-refundable application fee of \$200.00 must be made payable to the Georgia Massage Therapy Board. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.
- **ALL APPLICANTS MUST COMPLETE A CRIMINAL BACKGROUND CHECK. Please register to have your fingerprints taken then submit your application or complete them simultaneously. If no application is on file with the Board within 30 days of your print registration, approval to get printed will be declined and you will need to pay another fee to register for prints.** Criminal background checks are required by the law (O.C.G.A. § 43-24A-8, 13) for each application submitted. Refer to the Georgia Board of Massage Therapy website at <http://sos.ga.gov/index.php/licensing/plb/33> under "Application/Form Downloads" for "MT Fingerprint COGENT-GAPS Instructions." Applicants must register with Cogent Systems and follow the guidelines found on their website at https://pci.aps.gemalto.com/gaperlpub/landing_page_1.pl. Print locations may be found at https://www.aps.gemalto.com/ga/GA_regions.html/GA_Regions_Main.htm. **DO NOT MAIL FINGERPRINT CARDS TO THE BOARD. THEY WILL BE RETURNED TO YOU AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION. ** DISCLAIMER: The Georgia Board of Massage Therapy is not responsible for unacceptable or rejected fingerprints; the vendor is responsible for providing acceptable fingerprints. As of June 1, 2020, your application signals to staff to approve you to get your prints taken. Once approved, you will receive an email informing you to go to a print location to get printed within 90 days of the date of notification. As a result, it is imperative that you complete your fingerprints within that timeframe. If you fail to do so, you will have to pay an additional registration fee with COGENT/GAPS. Your results are only available for thirty (30) days from the date you submit your prints; therefore, after prints have been taken, you must notify the Board by sending an email to PLB-Healthcare@@sos.ga.gov. If the thirty (30) days have expire and your results are no longer available at Cogent Systems you may be required to have your prints retaken. PLEASE NOTE: If you want to challenge the accuracy of the background results or need to correct or update the record, you will be given 30 days to do so in the manner prescribed on the Privacy Rights you were provided.**
- Attach documentation of Continuing Education hours, accrued according to Board Rule Chapter 345-4-.02 or enter it into CE Broker. This documentation should include a certificate of completion and a description of the continuing education activities, completed within 1 year of date of application to reactivate
- If you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34.
- Changes to Georgia Law (OCGA §50-36-1) requires that all applicants for licensure provide a "Secure & Verifiable Document" with their application. **ALL APPLICANTS FOR MASSAGE MUST PROVIDE THIS DOCUMENTATION OR THE APPLICATION WILL NOT BE PROCESSED.** See pages 5 & 6.

PART I – PERSONAL INFORMATION

LEGAL NAME: _____
Last First Middle Maiden

_____/_____/_____
*Social Security Number Date of Birth

**This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001.*

PHYSICAL ADDRESS: _____
& Street (**P.O. Box **not** acceptable) City State Zip Code

If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

MAILING ADDRESS: _____
& Street, P.O. Box Is Acceptable City State Zip Code

Telephone Number-Day Telephone Number-Evening ***Email Address

****Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.***

☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard) as defined in O.C.G.A. § 43-1-34.

Have you worked in any capacity for compensation as a massage therapist since placing your license in "Inactive" status in Georgia? __ Yes __ No

PART II – STATEMENT OF APPLICANT

I hereby apply to reactivate my license type _____ License Number: _____,

Issued on: _____ and placed in inactive status _____.
Month/Day/Year Month/Day/Year

☐ YES ☐ NO

I have completed/obtained the continuing education requirements (24 Hours, 12 of which must be "hands on"), as the Board's CE rule 345-4-.02(1) requires and have proof of liability insurance coverage for bodily injury, property damage, and professional liability in coverages and amounts of not less than \$1 million per occurrence, with not less than a minimum annual aggregate of \$3 million for all occurrences. **You must submit copies of all CE certificates or load them into CE Broker as outlined in Board Rule and provide proof of liability insurance to the Board.**

PART III- PROFESSIONAL BACKGROUND

INSTRUCTIONS:

- For the following questions, the terms "license", "registration" and "certification" are synonymous.
- If your answer is "yes" to any question, attach a written detailed explanation and supporting court documents of the current status or the final disposition of your case.

Do you now hold, or have you in the past held a professional license in any state, territory or jurisdiction?

☐ YES ☐ NO

Type of License: _____

State: _____ License# _____

Date Issued: _____ Expiration Date: _____

Type of License: _____

State: _____ License# _____

Date Issued: _____ Expiration Date: _____

- 1) Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state? ☐ YES ☐ NO
- 2) Have you knowingly failed to renew a license during investigation or disciplinary action? ☐ YES ☐ NO
- 3) Have you ever had a license to practice any profession revoked, suspended or annulled or otherwise disciplined, including by private order? ☐ YES ☐ NO
- 4) Have you been subject to disciplinary action or had your membership revoked by any professional organization? ☐ YES ☐ NO
- 5) Have you ever been convicted of any criminal offense? ☐ YES ☐ NO
- 6) Have you ever been arrested, charged, sentenced, pled guilty, or nolo contendere or been given first Offender status for any felony, misdemeanor or any other offense? Note: You must respond, "yes" if you pled and completed probation as a First Offender. ☐ YES ☐ NO
- 7) Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses? ☐ YES ☐ NO
- 8) Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition? ☐ YES ☐ NO
- 9) Have you previously applied for the same license for which you are currently applying? If "yes" name under which application was submitted: _____ ☐ YES ☐ NO

PART IV – AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Massage Therapy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 4 & 5 of this application.**
- 2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 4 & 5 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Massage Therapy and/or criminal prosecution.

Signature of Applicant

Date _____

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public Signature (Notary Seal)

My commission expires: _____

Note to Notary: Application should be signed with proper ID.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

LICENSE NO: _____

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA"), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]1

_____ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law2 [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.



Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize GEORGIA BOARD OF MASSAGE THERAPY to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code 'M')
☐ Employment with elder care (Purpose code 'N')
☐ Employment with children (Purpose code 'W')

You must select one of the four options below for the number of days for authorization:

This authorization is valid for

1. 90 days
2. 180 days
3. days from date of signature
4. I, , give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 1634.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.